

## CLAIMS ONLY

Application Number.

**- Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
(1)	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
(11)	/					
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
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48						
49						
50						
Total Indep	3					
Total Depend	16					
Total Claims	19					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep						
Total Depend						
Total Claims						

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